

STANDARD CERTIFICATE OF DEATH

State File No. **35189**
4495

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) 2804 Charlotte St. 3438	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2804 Charlotte St.			

3. NAME OF DECEASED (Type or Print) a. (First) Nancey b. (Middle) Katherine c. (Last) Schmid			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 11, 1875		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lancaster, Mo. 10	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John S. Kimbrell		13b. MOTHER'S MAIDEN NAME Angeline Legrand		14. NAME OF HUSBAND OR WIFE John Schmid	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martin Dye 2804 Charlotte St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct., 1950, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Otto W. Theel M.D.		23b. ADDRESS 123 E 39th		23c. DATE SIGNED 10-15-52	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Oct. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Queens City		24d. LOCATION (City, town, or county) (State) Queens City, Mo.	
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DATE REC'D BY LOCAL REG. 10-15-52		REGISTRAR'S SIGNATURE Deraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Funeral Home Kansas City, Mo.	
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(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Grey Buffington

Licensed Embalmer No. 2756

P. O. Address K; C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.